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Patent and Tradems
Patent

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)

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TION - 57 CFR § 1.53(b)	Attorney Docket No.			12361-8US				
	First Inventor LEUI			ING, Mark				
	Title INTRADISCAL LESIONING DEVICE							
	Expre	ss Mail La	bel No).				

	See MPE	APPLICATION EL. EP chapter 600 concerning utility		on contents.	1	וססו	ress to:	Box Pat	nt Commiss ent Applicat yton, DC 200	ion	r Patents	
1.	(Sul	se Transmittal Form (e.g., P7 bmil an original and a duplicate for fee oplicant claims small entity st	processing)		7.		Program (A)	ppendix)			ble or Compu	rte:
2. 3.	⊠ Se	e 37 CFR 1.27.		36 Ì	8.	(d sp	leotide and/or	sary)	udia Sequei ible Form (i		omission	£
3.	(pre - D - C - S - R - B - B	elemed arrangement set forth beli- bescriptive title of the Invention of t	on' Applications Insored R & D , a table, or a d		9. 10.	ь. С	Specification i. C ii. pa	n Sequent D-ROM of aper sents verify PANYING / Papers (.73 (b) S	ce Listing of CD-R (2 of CD-R)	en: copies) of about ON PAR	ove copies TS	11002 U.S.
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TOTAL AMOUNT OF PAYMENT

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	Complete if Known					
FEE TRANSMITTAL	Application Number					
	Filing Date					
for FY 2002	First Named Inventor	LEUNG, Mark				
Patent fees are subject to annual revision.	Examiner Name					
	Group /Art Unit					

Attorney Docket No.

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METHOD OF PAYMENT				FE	E CALCU	LATION (continued)	
The Commissioner is hereby authorized to charge		oma			_			
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2. Payment Enclosed:	112	920"	112	920-	Requesting pu	rblication of SIF	R prior to Examiner	-
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107 510 207 255 Plant filing fee	121	280	221		Request for or	• • •	appoor	
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2. EXTRA CLAIM FEES	142	1,200	242		Utility issue fee			
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Total Claims X .	144	650	244	310	Plant issue fee	,		
Independent - 3**= X =	122	130	122	130	Petitions to the	: Commissioner	,	
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103 18 203 9 Claims in excess of 20	149	740	249	370	For each additi	onal invention ())	to be examined (37	
102 84 202 42 Independent claims in excess of 3	179	740	279	370	Request for Co	nthued Bamir	nation (RCE)	
104 280 204 140 Multiple dependent claim, if not paid	169	900	169		Request for exp of a design app		ation	
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Name (Print/Type) Jose Van Zant		gistratio ttomey/A		21815		Telephone	416-216-1868	
Signature WHAM MIRAM						Oate	March 5, 2002	